

RR

U.S. Department of Justice  
 United States Marshals Service

## PROCESS RECEIPT AND RETURN

PLAINTIFF STEVE JACKSON	COURT CASE NUMBER 08 C 2520
DEFENDANT SHERIFF TOM DART, ETAL.	TYPE OF PROCESS SUMMONS & COMPLAINT

**SERVE AT** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 MR. MARTINEZ, CRW-SOCIAL WORKER AT COOK COUNTY JAIL  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

2700 SOUTH CALIFORNIA AVENUE - CHICAGO, IL 60608, Legal Dept. 2nd fl. Riv. 5

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

STEVE JACKSON - #2006-0060297  
 COOK COUNTY JAIL  
 P.O. BOX 089002  
 CHICAGO, ILLINOIS 60608

Number of process to be served with this Form 285

1

Number of parties to be served in this case

11

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

**FILED**

Fold

Fold

AUG 05 2008 RC

Aug 5, 2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

TELEPHONE NUMBER

DATE

☐ DEFENDANT

06-10-08

### SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 10 11	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk RT.	Date 06-10-08
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Ronna Farnandis

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date  
1/21/08 Time  
12 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
One Service fee charged same case + location. See process					

REMARKS: Sheet # 2 for charges

PRINT 5 COPIES.

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED